



# House Children and Seniors Committee

January 30, 2020

## **Crossover Youth Working Group Final Report Key Findings**

Presented by:

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**Testimony of:**

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Chair Concannon, Vice-Chair Humphries, and Ranking Member Ousley, thank you for allowing me the opportunity to address the committee. I'm pleased to share the key findings from the final report of the Crossover Youth Working Group. We appreciate the dedicated participation across disciplines in the working group and data task group this past year. In addition, we are grateful for the facilitation, expertise, data assembly and report preparation provided by Hina Shah and colleagues at the Kansas Health Institute (KHI.) Hina Shah presented to you the workgroup efforts and processes. My remarks focus on key takeaways and findings from data analysis of the workgroup regarding sixteen (16) specific data elements set forth in the 2019 legislative budget proviso.

**Background and Data Methods**

In 2019, House Substitute for SB 25 included a budget proviso legislatively mandating DCF to convene two working groups to study the impact of SB 367 on "crossover" youth. Youth involved in both the child welfare and juvenile justice systems are referred to as "crossover" youth. The involvement of youth in each system might vary widely. The first working group, the Crossover Youth Services Working Group, met in fiscal year (FY) 2019 and identified themes, challenges and needed services. The second working group, the Crossover Youth Working Group met from July 2019 to January 2020 to gather and study 16 specific data elements.

The working group collected data only from FY 2019 and designed a retrospective, cross-sectional study to assess crossover youth and comparison group demographics and variables of interest. Data sources included DCF, KDOC, KBI, KDADS, KDHE, and OJA. The group focused on the "in foster care" group. DCF foster care contractors, KVC Kansas and Saint Francis Ministries identified 691 crossover youth to include in a case review for data elements. Crossover youth were identified at a single point in time, July 31, 2019, based upon behaviors and juvenile justice involvement that may have occurred years before.

The crossover case review cohort was identified as youth age 10 and older in custody of the Secretary of DCF, who:

- Have had law enforcement calls for behaviors which could result in juvenile offender charges; or,
- Have had law enforcement calls due to repeated runaway behaviors; or,
- Were referred to foster care following juvenile justice system involvement; or,
- Were referred to foster care as a result of parents' inability or unwillingness to manage the child's behaviors; or,
- Are involved in the juvenile justice system through diversion or immediate intervention services or programs (IIP); or,
- Have an open juvenile justice case.

### **Key Takeaways and Challenges**

As the workgroup compared the population of crossover youth to the general populations of juvenile justice involved youth and youth in foster care,, a few key discoveries emerged.

- While they make up only a small segment of the broader foster care or juvenile offender populations, crossover youth often have significantly higher needs and require highly coordinated cross-system collaboration and greater placement stability for services to be effective.
- Contact with law enforcement is an important entry point for crossover youth. Passage of SB 367 limited authority of law enforcement officers to place youth in detention and replaced it with a detention risk assessment with grounds to override. The detention risk assessment is utilized and informs decisions. Statewide policy does not guide data collection on the utilization of services recommended to youth and their families by juvenile intake and assessment services.
- Identifying earlier intervention needs and using services through community mental health centers (CMHCs) is needed and acute care is needed for youth who are actively a danger to themselves such as runaways. A significant barrier to services is placement instability. Children in the child welfare prevention or foster care are not consistently assessed for the serious emotional disturbance (SED) waiver.

A central challenge for the working group was that crossover youth are not captured in data collection systems. There is a lack of integrated data systems across state agencies and other entities and a lack of centralized law enforcement data. A concurrent challenge in the effort was an inability to define or identify individuals “at-risk” of becoming crossover youth and a lack of existing mechanisms for information sharing between agencies. Although these short-term challenges limited the 2019 data analysis, the working group recognizes future efforts at a Comprehensive Child Welfare Information System (CCWIS) and the Georgetown Crossover Youth Practice Model pilot should help define, track and impact outcomes for crossover youth in Kansas.

Data collected included demographics, nature and type of contacts with law enforcement, juvenile intake and assessment, services and placements. As we review data analysis of the sixteen (16) proviso point elements, key findings are noted and current activity underway related to the data findings is highlighted.

**Proviso Point 1:** Numbers and **demographics** of crossover youth compared to the broader juvenile offender population. This review identified 691 crossover youth and 2,446 youth in the broader juvenile offender population.

#### Proviso Data Analysis Key Findings

- a) 42.7% crossover youth in this review were female compared 22.3% of youth in broader juvenile offender population.
- b) Half (45.7%) of the crossover youth in this review were age 16-17 and another one-third (32.1 percent) were age 14-15 which is generally like the broader juvenile offender population.
- c) 70.3 % crossover youth in this review and 63.7% the broader juvenile offender population were non-Hispanic Whites.

#### Related Program or Practice Activity

- a) The ages of youth who crossover services and proportion of females parallels demographics of youth who experience absences or run experiences in foster care.
- b) DCF has increased training and practice model development for its workforce on youth engagement and implemented a special response team to increase placement stability for youth and prevent run behavior. [practice approaches include Motivational Interviewing, Mental Health First Aid for Adolescents, Family Finding, Cognitive Interaction Skills]

**Proviso Point 2: Types and nature of calls** to law enforcement related to crossover youth compared to the broader juvenile offender population. There were 222 crossover youth in the review that had arrests with criminal charges in FY 2019

Proviso Data Analysis Key Findings

- a) 38.7% were charged with felonies and 60% charged with misdemeanors.
- b) 37.8% crossover youth in the review were adjudicated as juvenile offenders with property crimes in FY 2019 compared to 27.1% of the youth in the broader juvenile offender population.

**Proviso Point 3:** Numbers and nature of alleged offender behaviors of **crossover youth taken into custody by law enforcement** could not be reviewed, as Law enforcement does not have a consistent, centralized data collection system and reliable data on criminal charges for youth returned home.

**Proviso Point 4:** Numbers and nature of alleged offender behaviors of **crossover youth taken for intake and assessment.** In FY 2019, 100 crossover youth in this review had at least one criminal damage to property charge recorded at intake by a Juvenile Intake and Assessment Services (JIAS) worker.

Proviso Data Analysis Key Findings

- a) Law enforcement officers detained crossover youth (in this review cohort) for transport to JIAS 18 times in FY 2019 for exhibiting assaultive/destructive behavior.

**Proviso Point 5: Release and referral determinations,** including rates of detention, from intake and assessment process for crossover youth alleged to have engaged in behavior that may cause injury to self or others or damage to property and youth who pose a risk to public safety.

Proviso Data Analysis Key Findings

Of the 1,194 placement outcomes following juvenile intake for the crossover youth in the review:

- a) 24.7% resulted in a detention placement
- b) 20.9% resulted in a crossover youth being sent back to a parent or guardian.

**Proviso Point 6:** Use of **detention risk assessment override** for crossover youth

Proviso Data Analysis Key Findings

- a) Crossover youth in this review had 2.1 Kansas Detention Assessment Instrument (KDAI) completions and other youth had 1.4 KDAI completions. Average score on the KDAI for crossover youth was 5 (low risk).
- b) 65.5% of overrides resulted in detention (high risk)
- c) The main override reasons in FY 2019 included no appropriate alternative available (37.2%)

**Proviso Point 7 and 8:** Services; Number of crossover youth who received evidence-based services and nature of services.

Proviso Data Analysis Key Findings

- a) Acute Mental Health – Inpatient
- b) Aggression Replacement Therapy(ART)
- c) Cognitive Behavior Therapy (CBT)
- d) Functional Family Therapy (FFT) – thirteen (13) crossover youth in the review were referred to FFT in FY2019.
- e) Moral Reconciliation Therapy (MRT)
- f) Multisystemic Therapy (MST)
- g) Psychiatric Residential Treatment Facility
- h) CMHC
- i) Parent mgmt. Training-Oregon PMTO
- j) Substance Use Disorder
- k) Youth Advocate Program YAP
- l) DCF implemented FFT and MST for prevention services via Family First Act implementation and is exploring ways to fund training foster care grantees to have FFT clinical teams in each grant area.

**Proviso Point 9:** Any other juvenile offender information routinely captured by the DOC.

Proviso Data Analysis Key Findings

The Massachusetts Youth Screening Instrument – Second Version (MAYSI-2) screens and scores across six domains, and youth might receive a “caution” or “warning” designation. “Warning” represents a higher level of need or concern in that domain.

- a) 23% of MAYSI-2 assessments completed indicated a caution for somatic complaint, such as anxiety or depression, in FY 2019.

- b) 17.6% MAYSI-2 assessments completed indicated a warning for suicide ideation

**Proviso Point 10:** Information on the **types and classifications of placements** used by crossover youth placed in foster care

Proviso Data Analysis Key Findings

- a) Crossover youth were more than twice as likely to be placed in group residential homes than were other foster care youth in FY 2019 (36.1% compared to 14.7 percent).
- b) 10.1% crossover youth were placed with a relative compared to 28.7% other foster care youth.
- c) No crossover youth received a pre-adoptive placement in FY 2019; however, one in twelve (8.5 percent) other foster care youth received a pre-adoptive placement that year.

Related Program or Practice Activity

- a) Implemented 10/1/19, the Family First Prevention Services Act requires youth placed in a Qualified Residential Treatment Program (QRTP) to receive an independent evaluation within 30 days of placement. That evaluation is provided to the court to approve or disapprove continued placement in group care. The goal is to increase family-based placement settings.
- b) Juvenile Crisis Intervention Center (JCIC) program bid proposal under review for award in 2020.
- c) 7/1/20, Foster Care Case Management grant outcomes will increase the goal for relative placement from 29% to 50%.
- d) Youth engagement, support to relatives and licensed family homes and family finding are being amplified to increase family-based placements.

**Proviso Point 11:** Information on **placement stability** of crossover youth placed in foster care

Proviso Data Analysis Key Findings

- a) In FY 2019, crossover youth averaged 26.1 moves per 1000 days in foster care, compared to a rate of 9.7 moves per 1,000 days for all Kansas foster care youth (including crossover youth).
- b) The average number of placements was eight placements for crossover youth compared to three placements for other foster care youth.

**Proviso Point 12:** Use of PRTF by crossover youth including waitlist data

Proviso Data Analysis Key Findings

- a) In FY 2019, there were 282 beds available for youth at the eight PRTFs across the state
- b) In FY 2019, 93 (14.2%) crossover youth in this review were admitted to a PRTF.
- c) The average stay for crossover youth at a PRTF was four-and-a-half months (137 days).

**Proviso Point 13:** Any other reportable event information routinely captured by the department of corrections

Proviso Data Analysis Key Findings

- a) The average age at first intake and assessment for a crossover youth in this review was 12.2 compared to 13.8 for other youth who completed an intake.
- b) 25.3% of the crossover youth in this review already had services in place compared to 10.4% of other youth who completed an intake.

**Proviso Point 14:** Gaps in available corrections interventions for crossover youth placed at home. The working group did not study crossover youth placed at home because this population group could not be identified

**Proviso Point 15:** Gaps in available corrections interventions for crossover youth placed in foster care.

Proviso Data Analysis Key Findings

- a) Referral to prevention services offered by DCF might be underutilized by juvenile intake and assessment worker and law enforcement.
- b) A service referral form for locally available services is not readily available for law enforcement.
- c) The totality of crossover youth and its family needs might not be fully assessed.

**Proviso Point 16:** Other matters relating to the impact of 2016 Senate Bill No. 367 on youth at risk of being placed or placed foster care. The working group considered but did not ultimately study the Youth Level of Service/Case Management Inventory (YLS/CMI)

Thank you for the opportunity to provide highlights of the final report. DCF is using these findings to inform practice efforts and impact future actions to create positive outcomes for youth whose service interaction crosses over multiple systems. We look forward to sharing this information with our stakeholders and partners in the community who impact assessment and treatment networks. I am happy to answer any questions the committee may have.